

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/560, 198
FILING DATE

APPLICANT(S)

1318705

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	2					
7	1					
8	1					
9	2					
10	2					
11	2					
12	2					
13	1					
14	1					
15	1					
16	1					
17	1					
18	4					
19	4					
20	4					
21	1					
22	1					
23	1					
24	1					
25	2					
26	2					
27	2					
28	1					
29	1					
30	1					
31	1					
32	1					
33						
34	1					
35	2					
36	2					
37	2					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	12	8				
TOTAL DEP.	36	44	44	44	44	44
TOTAL CLAIMS	36	52	52	52	52	52

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			8	8		
TOTAL DEP.			44	44	44	
TOTAL CLAIMS			52	52	52	